

2/12/24

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA** Bureau of Vital Statistics State Board of Health

No. 1a.—For State Registrar Only
4144

(1) PLACE OF BIRTH

County of York
 Township of North
 Inc. Town of North
 City of North

Registration District No. 3210 Registered No. 4144
 (For use of Local Registrar)
 (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) SEX OF CHILD Male (4) Type of Twin 1st (5) Number in order of birth 1st (6) Age at birth 1 yr (7) DATE OF BIRTH Feb 12 1924
 (If child is not yet named, make supplemental report as directed)

FATHER		MOTHER	
(8) FULL NAME <u>John L. Linder</u>	(14) NAME BEFORE MARRIAGE <u>John L. Linder</u>	(9) PRESENT POSTOFFICE OF FATHER <u>North</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>North</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>38</u>
(12) BIRTHPLACE <u>North</u>	(18) OCCUPATION <u>Farmer</u>	(13) BIRTHPLACE <u>North</u>	(19) OCCUPATION <u>Farmer</u>
(14) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) E. M. Linder
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife North

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
 (27) Filed Feb 19 1924 (28) Estelle C. Linder Local Registrar

When there was an attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it shall not be reported as stillborn. No report is desired of stillbirths before the last month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, AND MUST BE KEPT IN A SAFE PLACE. IN CASE OF FIRE, IT SHOULD BE REPRODUCED IN A SEPARATE PLAIN COPY. IN CASE OF LOSS, IT SHOULD BE REPRODUCED IN A SEPARATE PLAIN COPY. IN CASE OF LOSS, IT SHOULD BE REPRODUCED IN A SEPARATE PLAIN COPY.